STATE OF COLORADO **Department of State**

1700 Broadway Suite 250 Denver, CO 80290



Mike Coffman **Secretary of State**

Brian S. Anderson **Chief Administrative Officer**

January 24, 2007



Mr. Edgardo Cortés U.S. Election Assistance Commission 1225 New York Avenue NW, Suite 1100 Washington, DC 20005

Re:

Amended SF269 Financial Status Reports - HAVA Title I, Sections 101 and 102; Title II,

Dear Mr. Cortés:

As requested by Mr. Wilkey in his letters on January 10 to Secretary of State Mike Coffman, enclosed at the following amended SE 260 financial reports for the the following amended SF 269 financial reports for the periods indicated:

Title I, Section 101:

reports for calendar years 2003, 2004, and 2005

Title I, Section 102:

reports for calendar years 2003, 2004, and 2005

Title II, Section 251:

reports for fiscal years 2004 and 2005

Thank you for providing clarification via email that Colorado is required to amend only the financial reports and not the narrative reports submitted to you for the named calendar and fiscal years.

If you have any questions regarding the enclosed reports, or if you need additional information, please contact me at 303-860-6907 or at judye.schneider@sos.state.co.us.

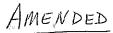
Sincerely,

Judye Schneider

HAVA Budget/Policy Analyst

Cc:

Brian Anderson, Chief Administrative Officer Holly Lowder, Director, Elections Division



FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back) 2. Federal Grant or Other Identifying Number Assigned OMB Approval 1. Federal Agency and Organizational Element Page No. to Which Report is Submitted By Federal Agency 1 0348-0039 Title 101, 102 U.S. Election Assistance Commission pages 3. Recipient Organization (Name and complete address, including ZIP code) Colorado Department of State DUNS # 082142055 1700 Broadway, Suite 250, Denver, CO 80290 7 Basis 4. Employer Identification Number 5. Recipient Account Number or Identifying Number 6. Final Report ☑ Cash □ Accrual CDFA #39.011 ☐ Yes ☑ No 84-0644739 9. Period Covered by this Report 8. Funding/Grant Period (See instructions) To: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year) From: (Month, Day, Year) 12/31/2003 4/28/2003 8/8/2006 4/28/2003 10. Transactions: Previously Reported This Period Cumulative a. Total outlays 0.00 0.00 0.00 Refunds, rebates, etc. 0.00 Program income used in accordance with the deduction alternative 0.00 Net outlays (Line a, less the sum of lines b and c) 0.00 0.00 0.00 Recipient's share of net outlays, consisting of: 0.00 Third party (in-kind) contributions Other Federal awards authorized to be used to match this award 0.00 Program income used in accordance with the matching or cost 0.00 sharing alternative h. All other recipient outlays not shown on lines e, f or g 0.00 Total recipient share of net outlays (Sum of lines e, f, g and h) 0.00 0.00 0.00 Federal share of net outlays (line d less line i) 0.00 0.00 0.00 k. Total unliquidated obligations I. Recipient's share of unliquidated obligations m. Federal share of unliquidated obligations n. Total Federal share (sum of lines j and m) 0.00 o. Total Federal funds authorized for this funding period 2,217,976.00 p. Unobligated balance of Federal funds (Line o minus line n) 2,217,976.00 Program income, consisting of: q. Disbursed program income shown on lines c and/or g above Disbursed program income using the addition alternative s. Undisbursed program income t. Total program income realized (Sum of lines q, r and s) 0.00 Type of Rate (Place "X" in appropriate box) 🔲 Final Fixed □ Provisional Predetermined 11. Indirect Total Amount Federal Share Base Rate C. Expense 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with Interest earned this reporting period is \$40,881 and is included in 10o above. I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents Telephone (Area code, number and extension) Typed or Printed Name and Title 303-860-6907 Judye Schneider, HAVA Budget/Policy Analyst Date Report Submitted Signature of Authorized Certifying Official January 24, 2007

Previous Edition Usable NSN 7540-01-012-4285

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200-498 P.O. 139 (Face)

Standard Form 269 (Rev. 7-97)